

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 0605772

<b>1. PLACE OF DEATH</b> County <u>Garrett</u> City or town <u>Gorman</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>29 yrs.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?			<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Garrett</u> City or town <u>Gorman</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war		
<b>3.(a) FULL NAME</b> <u>Mamie Marie Dignan</u>			<b>3.(b) Social Security Number</b> <u>None</u>		
<b>4. Sex</b> <u>Female</u>			<b>5. Color or race</b> <u>White</u>		
<b>6.(a) Single, married, widowed, or divorced</b> <u>Widowed</u>			<b>6.(b) Name of husband or wife</b> <u>James Hayes Dignan</u>		
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Oct. 24, 1880</u>			<b>6.(c) If alive, give age</b> ..... years		
<b>8. AGE:</b> <u>66</u> Years <u>8</u> Months <u>23</u> Days If less than one day ..... hrs. .... min.			<b>9. Birthplace</b> <u>Webster Springs, W.Va.</u> <u>Housework</u> (Town, county, and state)		
<b>10. Usual occupation</b> <u>Own Home</u>			<b>11. Industry or business</b>		
<b>12. Name</b> <u>Adam Wesley Cogar</u>			<b>13. Birthplace</b> <u>Webster Springs, W.Va.</u>		
<b>14. Maiden name</b> <u>Sarah Jane</u>			<b>15. Birthplace</b> <u>Webster Springs, W.Va.</u>		
<b>16. Informant</b> <u>Thomas N. Dignan</u> Address <u>Gorman, W.Va.</u>			<b>17. Burial</b> (Burial, cremation, or removal, which?) <u>July 2/ 1947</u> Cemetery <u>Pope Cemetery</u> Location <u>Gorman, Garrett Co., Md.</u> Funeral director <u>Otha F. Sharpless</u> Address <u>Blaine, W.Va.</u>		
<b>18. Date rec'd by registrar</b> <u>July 19 1947</u>			<b>19. Registrar</b> <u>McBarnes</u>		
<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> <u>July 17</u> 19 <u>47</u> at <u>11P.</u> M. <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 1946</u> to <u>July 17 1947</u> and that I last saw her alive on <u>July 17 1947</u> <b>Immediate cause of death</b> <u>Acute myocarditis</u> Due to <u>Chronic color fibrillation</u> Due to <u>Hypertension</u> Other conditions <u>Nephritis with edema</u> (Include pregnancy within 3 months of death) <b>Major findings of operations</b> Date of op. <b>Autopsy results</b> <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically. <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide ..... Date of ..... Where did injury occur? ..... (City or town) ..... (County) ..... (State) Injured at home, farm, industry, public place (where?) ..... Means of injury ..... Injured at work? ..... <b>23. SIGNATURE</b> <u>Ralph Colanbano M.D.</u> Address <u>Retameter, Md.</u> M.D. or other Date signed <u>July 18 1947</u>					

RECEIVED

AUG 2 1947

BUREAU OF

Q6058

Reg. Diat. No. .... 168

First Case

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 10 1947

STANDARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

Reg. Dist. No. 06059166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Deer Park, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 53 years.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Deer Park, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Holtschneider.

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.  
 6.(b) Name of husband or wife Elizabeth Holtschneider.  
 6.(c) If alive, give age 84 years  
 7. Birth date of deceased (mo., day, yr.) January 16th, 1864.  
 8. AGE: Years 83 Months 5 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Germany.  
 (Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

12. Name Fred Holtschneider.13. Birthplace Germany.14. Maiden name Unknown.15. Birthplace Germany.16. Informant Albert Holtschneider.Address Deer Park, Maryland.

17. Burial Date thereof July 8/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Ambrose Cemetery.Location Cresaptown, Maryland.18. Funeral director Emory N. Bolden.Address Chatham, Md.

July 8, 1947 Julius A. Rowan  
 (Date recd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH July 5th, 19 47, at 5:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29th 19 47 to July 5th 19 47  
 and that I last saw him alive on July 3rd 19 47

Immediate cause of death Arteriosclerosis High Blood Pressure and Nephritis  
Heart attack  
 Due to sudden

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

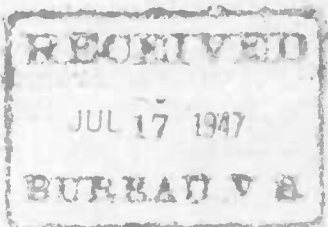
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Emory N. Bolden M.D. or other \_\_\_\_\_  
Oakland, Maryland Address \_\_\_\_\_ Date signed July 7th 19 47

Mr. Deane

Please take cover and sign  
as soon as your return.

Please complete family history if  
possible. Thank you. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06060

Reg. Dist. No. 167

## 1. PLACE OF DEATH:

County..... Garret  
 City or town..... Near Bayard, W. Va.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Died at Residence  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Garret  
 City or town..... Near Bayard, W. Va.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

David William McAtee

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Ella Michael

7. Birth date of

deceased (mo., day, yr.)

June 20, 1870

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

7719

..... hrs.

..... min.

9. Birthplace

Morgan County, W. Va.

(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

Coal

FATHER

12. Name

Jonathan McAtee

13. Birthplace

Ireland

MOTHER

14. Maiden name

Ella

15. Birthplace

16. Informant

Miss Curtis McAtee

Address

Bayard, W. Va.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 31, 1947

(month) (day) (year)

Cemetery or crematory

Bayard

Location

Bayard, W. Va.

18. Funeral director

Davis, W. Va.

Address

19.

7-30-47

(Date rec'd by registrar)

19.47

James L. S. S.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 29,19 47, at 10:55 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to July 22, 1947and that I last saw him alive on July 22, 1947

Immediate cause of death

Acute Myocarditis

Due to

Arrhythmia Fibrillation

Due to

Other conditions

Emphysema  
Bed Sores

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ralph Colandrea M.D.

M. D. or other

Address

Hydrex, Md.

Date signed

7/30/47



CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

**RECEIVED**  
AUG 12 1947  
BUREAU C. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06061

Reg. Dist. No. 172

<b>1. PLACE OF DEATH</b> County <u>Garrett</u> City or town <u>Kitzmiller</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>47 yrs.</u> Hospital, institution, or street address where death occurred: <u>E. Main Street</u> How long in hospital or institution?		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Garrett</u> City or town <u>Kitzmiller</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>E. Main Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war	
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<b>3.(a) FULL NAME</b> <u>Emma Louise Paugh</u>	<b>3.(b) Social Security Number</b> <u>None</u>
--	--

<b>4. Sex</b> <u>Female</u>	<b>5. Color or race</b> <u>White</u>	<b>6.(a) Single, married, widowed, or divorced</b> <u>Widowed</u>
<b>6.(b) Name of husband or wife</b> <u>William Henry Paugh</u>		
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>June 12, 1871</u>		
<b>6.(c) If alive, give age</b> _____ years		
<b>8. AGE:</b>	Years <u>76</u>	Months <u>1</u>
	Days <u>12</u>	If less than one day _____ hrs. _____ min.

<b>9. Birthplace</b> <u>near Mt. Zion, Garrett Co., Md.</u> (Town, county, and state)
<b>10. Usual occupation</b> <u>Housework</u>
<b>11. Industry or business</b> <u>Own Home</u>
<b>FATHER</b>
<b>12. Name</b> <u>John W. Harvey</u>
<b>13. Birthplace</b> <u>Garrett Co., Md.</u>
<b>MOTHER</b>
<b>14. Maiden name</b> <u>Sarah E. Davis</u>
<b>15. Birthplace</b> <u>Garrett Co., Md.</u>

<b>16. Informant</b> <u>Frank Paugh</u> Address <u>Kitzmiller, Md.</u>
<b>17. (Burial, cremation, or removal. Which?)</b> <u>Burial</u> Date thereof <u>July 27, 1947</u> (month) (day) (year) Cemetery or crematory <u>Mt. Zion Cemetery</u> <u>Mt. Zion, Garrett Co., Md.</u> Location <u>Otha F. Sharpless</u> <b>18. Funeral director</b> <u>Blaine, W. Va.</u> Address
<b>19. (Date rec'd by registrar)</b> <u>July 26, 1947</u> <u>unrecorded</u> Registrar

<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> <u>July 24</u> 19 <u>47</u> at _____ M	
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>1940</u> to <u>1947</u> and that I last saw him <u>in the hospital</u> 19 _____	
<b>Immediate cause of death</b> <u>Coronary Thrombosis</u> <u>Arrhythmia</u> <u>Hypertension</u> Other conditions _____ (Include pregnancy within 3 months of death)	<b>DURATION</b> <u>7</u> <u>7</u>

<b>Major findings of operations</b> _____ Date of op. _____ <b>Autopsy results</b> _____ <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b> _____
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____
<b>23. SIGNATURE</b> <u>Ralph C. Calkins</u> <u>Kitzmiller, Md.</u> Address _____ Date signed <u>July 28, 1947</u>

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AUG 2 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

06062

## CERTIFICATE OF DEATH

Reg. Dist. No. 167

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland, Md., Route #2.  
 (If outside city or town limits, write RURAL and give nearest town)  
Life time  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
Route #2, Oakland, Md.  
 City or town  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Floyd Shaffer.

## 3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower.

6. (b) Name of husband or wife Amelia Roth Shaffer.Deceased

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th, 1870.

8. AGE: Years 76 Months 11 Days 23 If less than one day  
 hrs. min.

9. Birthplace West Virginia.

(Town, county, and state)

10. Usual occupation Retired farmer.

11. Industry or business

12. Name Obed T. Shaffer.13. Birthplace Virginia.14. Maiden name Alemedia Gower. Gauer15. Birthplace Maryland.16. Informant Elmer Shaffer.Address Rout #2 Oakland, Md.

17. Burial Date thereof July 20/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery.Location Red House, Md.18. Funeral director Emory R. BoldenAddress Oakland, Md.

19. 7/28/1947  
 (Date rec'd by registrar) Registrar Elmer C. Shaffer

## MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH July 18th 1947, at 8:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 yrsand that I last saw him alive on July 10 1947Immediate cause of death Uremia - Edema

DURATION

6 weeksDue to Cardio-renal-vascular 13 yrs.hypertensionDue to Cerebral hemorrhage with 13 yrs.hemiplegia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller M.D.

M. D. or other

Address Edmon W.D. Date signed 7/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06064

Reg. Dist. No. 161

1. PLACE OF DEATH: *Garrett*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*MD* County.....*Garrett*  
 City or town.....*Friendsville Md*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
*Bessie Silbaugh*

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife *Albert Silbaugh*

7. Birth date of deceased (mo., day, yr.) *Dec 25 - 1947* 8. (c) If alive, give age *59* years

8. AGE: Years *49* Months *7* Days *19* If less than one day hrs. min.

9. Birthplace *MD*  
 (Town, county, and state)

10. Usual occupation *House wife*

11. Industry or business

12. Name *Adrius Artice*

13. Birthplace *PA*

14. Maiden name *Hessminger*

15. Birthplace *PA*

16. Informant *Albert Silbaugh*

Address *Friendsville Md*

17. *Burial* Date thereof *July 16 - 47*  
 (Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or crematory *Friendsville Md*

Location *Friendsville Md*

18. Funeral director *H. D. Sarver*

Address *Friendsville Md*

19. *July 16* 19 *47* *Kathryn Fike*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *July 14* 19 *47*, at *11 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 1st* 19 *46*, to *July 14* 19 *47*

and that I last saw him alive on *May 30th* 19 *47*

Immediate cause of death *Carcinoma Uterine Cervix*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE *Milton Tepper MD*

Address *Friendsville Md* Date signed *July 16 1947*

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATION

RECEIVED  
JUL 18 1947  
BUREAU C B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

06063

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

County... Garett  
 City or town... Rural near Grantsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... Two Months  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Garett  
 City or town... Grantsville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Henrietta Smouse

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife... Howard Smouse  
 6.(c) If alive, give age... 78 years  
 7. Birth date of deceased (mo., day, yr.) June 6-1865  
 8. AGE: Years 82 Months 2 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Rural Near Grantsville Md  
 (Town, county, and state)  
 10. Usual occupation... House Work  
 11. Industry or business

FATHER 12. Name Frances McKenzie  
 13. Birthplace Rural Near Grantsville Md  
 MOTHER 14. Maiden name Mary I. Layman  
 15. Birthplace Frostburg Md

16. Informant Thomas McKenzie  
 Address Grantsville Md

17. Burial 7-8-1947  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Grantsville  
 Location Grantsville Md

18. Funeral director Wm. Winterberg  
 Address Grantsville Md

19. July 7 1947 Ethel B. Bradwater  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 4 1947 at 11 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 10 1947 to July 4 1947  
 and that I last saw him alive on July 3 1947

Immediate cause of death

Chronic Myocarditis

DURATION

5 yrs

Due to... Trauma left hip

3 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Accident Date of before death

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? Yes (Date of death) 8/27/4723. SIGNATURE... B. H. HOKE JR. M.D.Address... SALISBURY PA Date signed... 7 JULY 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUL 8 1947

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 167

## 1. PLACE OF DEATH:

County Garrett  
City or town Rural Gorman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yearHospital, institution, or street address where death occurred:  
-----

How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 Mi. West Gorman(If rural, give LOCATION)  
-----

2.(a) If veteran, name war -----

## 3. (a) FULL NAME

Steve Stanya

## 3. (b) Social Security Number

Not known  
card lost

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced

## 6. (b) Name of husband or wife

Agnes Mellow Stanya6. (c) If alive, give age 51 years

## 7. Birth date of

deceased (mo., day, yr.)

August 11, 1893

## 8. AGE:

Years

Months

Days

If less than one day

531023

hrs.

min.

## 9. Birthplace

Czechoslovakia

(Town, county, and state)

## 10. Usual occupation

Machinist

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

John Stanya

## 13. Birthplace

Czechoslovakia

## 14. Maiden name

Mary -----

## 15. Birthplace

Czechoslovakia

## 16. Informant

George Stanya

## Address

R. D. Gorman, W. Va.

## 17.

(Burial, cremation, or removal, Which?)

## Date thereof

July 9, 1947

(month) (day) (year)

## Cemetery or crematory

Fairview Cemetery

## Location

Garrett Co., Md.

## 18. Funeral director

## Address

Herbert C. Reighton  
Oakland, Maryland.

## 19.

(Date rec'd by registrar)

19

47

Ehmer C. Shaffer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1947 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Examined after death 19and that I last saw him alive on 19

Immediate cause of death

Asphyxia

## DURATION

Due to Fall in Swamp

Due to -----

Other conditions Alcoholism

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/4/47Where did injury occur? Gorman Garrett Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) on farmMeans of injury Fall in Swamp Injured at work? nowhile drunk23. SIGNATURE Ed Baumgartner Md M. D. or otherAddress Oakland Md Date signed 7/7/47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

06065

RECEIVED  
JUL 12 1947  
BUREAU OF A